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THE NURSING OF TUBERCULAR PATIENTS*

By SUMNER M. MILLER, M.D.

REMEMBER that you are in no danger of contracting the disease so long as you observe proper hygienic precautions; you may care for consumptives as safely as for any other class of patients. The sputum alone is the carrier of the disease and your most important duty will consist in the observance of proper hygienic precautions for destroying ALL the sputum, and in exacting these precautions of your patient.

Your next important duty will be the education of the patient:—as to the nature of the disease, the method by which he may protect the members of his family and the nature of the cure. This instruction should also extend to them. The necessary facts can only be sufficiently impressed upon them by repeated instruction.

RULES FOR THE NURSING AND CARE OF CONSUMPTIVES.

1. Instruct the patient not to swallow the sputum, lest tuberculosis of intestines result.

2. Disposition of sputum—provide suitable receptacles for the deposit of ALL the sputum; these should be kept clean.

Spit-cups—best those with pasteboard interiors; burn the pasteboard every day and supply a new one. Scald the tin in boiling water after cleaning it, before inserting new interior. Cuspidors—should contain an antiseptic, carbolic acid, or lime. Wash and scald daily, burn contents, they should never be allowed to become dry. Paper napkins may be used on the street, which may be deposited in a paper bag, and the whole burned. Use old cloths instead of handkerchiefs, and burn these when soiled. A cloth should be held over the mouth while coughing, that the fine shower of spray may not be disseminated. On no account allow the sputum to become dried.

2. CLEANLINESS.—In male patients, the beard should be shaved off or trimmed close, and cleansed daily, as it is impossible to prevent sputum from lodging in it.

Cleanse the hands and face of the patient frequently, and rinse and clean mouth before and after each meal, and on arising and retiring.

* Lecture delivered to the nurses of the Cottage Hospital, Peoria, Ill.

Bath twice each week. Change the underwear twice weekly. Avoid woolen clothing, in which the sputum may lodge, and which can catch dust. Use clothing that can be boiled, when possible, both for yourself and patient.

3. CARE OF THE ROOM.—If the patient cannot be cared for out of doors.

Choose a large airy room, with plenty of sunshine and many windows. Have the windows open constantly. It is not fresh air, but lack of it that makes people catch cold. The room must be simply furnished, no upholstered furniture, no woolen curtains; an iron bed is best, simple wooden chairs, and a single rug beside the bed. Have no carpet. No other person must sleep in the same room.

4. FOOD.—Must be wholesome, nourishing, abundant, easy to digest and well cooked.

Meals at frequent and regular intervals, five to six daily. All stimulants to be avoided absolutely. Avoid foods difficult of digestion, as very rich or highly spiced foods, pork, all fried foods, pastries, and most salads. Milk and eggs in abundance, the eggs best raw, up to twelve daily, and one to two quarts of milk daily.

5. DRUGS.—Avoid drugging the patient; there is no drug that will cure consumption. Drugs containing opiates are especially to be avoided, as many patent medicines and advertised cures.

6. EXERCISE.—Avoid fatigue and exhaustion. Rest and quiet conserve the strength of the patient best.

Confine patients to bed or wheelchair so long as they show temperature, especially if exercise causes temperature. Hence take temperature often, and especially after exercise. Carefully modulated exercise may be allowed after the temperature is normal, but not to excess. Exhaustion is deleterious.

7. HABITS.—Regularity of habits as to sleep, nine hours in bed, nine P.M. to six or seven A.M., as to meals, five to six daily.

8. CARE OF YOURSELF.—All of the foregoing applies to yourself, especially is personal cleanliness important. Wash hands after each contact with patient. Keep yourself in the best possible physical condition.

9. PSYCHICAL.—Keep your patient amused, cheerful and interested.

Combat any tendency to melancholy. Do not allow him to brood over his condition. Impress upon him the fact that he can be cured.

10. COÖPERATION.—Secure the coöperation and interest of your patient, and the family.

The physician and nurse can accomplish nothing without this. Hence you must educate them as to the nature of the disease, the methods of cure, by constant reiteration. Teach him not only how he may get well, but also teach the family how they may remain healthy.

OLD IDEAS IN NURSING

BY MARY C. WHEELER

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As we try to trace the thread of nursing through the many preceding years, we find most interesting stories from individuals which give us an idea of the many hardships and sacrifices experienced by our foremothers in their efforts to bring some comfort into the lives of many, who remember them with a closeness of friendship and a feeling akin to reverence, which is so many times lacking in these days of ours.

We, who are looking forward to "The History of Nursing," will doubtless find many of the ideas of nursing, generated years ago, that have been very tenacious of life and though, perhaps, they have not grown, we still see them carried out in many homes of to-day, as the latest and best way of doing things. Many of these ideas have been handed down to us from the earliest theories of disease advanced by the learned followers of Hippocrates, and many have traveled a very straight road from the Demonic Theory.

But, if allowed to compare nursing with a sturdy tree, we can find its root in nothing else than the mother-love which is a part of every true woman's make-up. The trunk pierces upward through the centuries, showing a bark that is very rough and the branches have been many. But it is the nursing of to-day that represents the many smaller branches and twigs and is ready to show the color and hue of its work. The twigs could not be, had it not been for the growth between the root and the twig. Though much may seem ridiculous to us, all the experiences have left their marks and we can only select, advantageously, those ideas which are most promising to give a beautiful and useful shade, below.

In conversation with one especially charming old lady, who has lived a most useful life and whose appearance would justify one in thinking she had just stepped out of "Cranford," I find that the ideas she executed some fifty years ago are practically the same we see demonstrated in many places, to-day.